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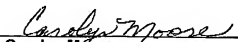
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**NUMBER OF PAGES INCLUDING COVER SHEET: 10****IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE TELEPHONE US AT:****661-295-5600 X2404, OR FAX US AT 661-257-4953.****TO:****Commissioner for Patents  
Attn: Leo B. Tentoni  
P.O. Box 1450  
Alexandria, VA 22313-1450****FROM:****Ralph D'Alessandro  
Reg. No. 28,838  
Attorney for Applicants****PHONE:****571-272-1209****PHONE:****661-295-5600 x2404****FAX:****703-872-9310****FAX:****661-257-4953****Documents Transmitted:****Amendment Transmittal Letter, 1 page; Amendment,  
8 pages.****Applicant(s):****Kenneth J. Newell et al.****Appl. No.:****10/084,726****Filed:****02/25/2002****Group Art Unit:****1732****Examiner:****Leo B. Tentoni****3D Systems Docket No.:****USA-286-1**

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. USA.286-1	
Applicant(s): Kenneth J. Newell, Kris Alan Schmidt, Michael Thomas Sherwood					
Serial No. 10/084,726	Filing Date February 25, 2002	Examiner Tentoni, Leo B.	Group Art Unit 1732		
Invention: POST PROCESSING THREE-DIMENSIONAL OBJECTS FORMED BY SOLID FREEFORM FABRICATION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28	30	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2	3	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-0900 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: May 19, 2004		
Ralph D'Alessandro, Reg. No. 28,838 Attorney for Applicant 3D Systems, Inc. 26081 Avenue Hall Valencia, CA 91355 (661) 295-5600, ext. 2404			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22314-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
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